

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

## **BOARD OF CHARITABLE GAMING**

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@state.de.us</u>

## NO LIMIT TEXAS HOLD'EM AFTER OCCASION REPORT

This report must be filed with the Delaware Board of Charitable Gaming within thirty (30) calendar days after the conclusion of this event or if the event is cancelled.

1.	Name of Sponsoring Organization:		
2.	Permit Number: TX-		
3.	Location of event:		
4.	Date of event:	Time of event:	
5.	Number of players:	-	
6.	Total gross receipts:  (a) Receipts from admission (b) Receipts from all re-buys (c) Receipts from food & beverage sa (d) Other receipts (attach description)	les	\$ \$ \$
	Total expenses:		TOTAL \$
	<ul> <li>(a) Total cost of all prizes</li> <li>(b) Cost of use of event premises</li> <li>(c) Cost of third party services and eq</li> <li>(c) Cost of advertising</li> <li>(d) Cost of (gaming) supplies used</li> <li>(e) Cost of bookkeepers or accountant</li> <li>(e) Other expenses (attach description</li> </ul>	ts	5 5 5 5 5 TOTAL \$
7.	NET PROFITS (Subtract TOTAL EXI	PENSES from TOTAL GROSS	•
8.	Name(s) and address of member(s) in charge:		
9.	9. Purpose(s) for which the event's net proceeds will be used:		
gar			foregoing report are true and correct and that the he license, and the rules and regulations of this Board
PRINT NAME OF MEMBER-IN-CHARGE:			
SIG	NATURE OF MEMBER-IN-CHARGE:		<u></u>

The Qualified Organization must provide Internal Revenue Service form W2-G to the winners of prizes valued at \$600 or more.